

# Pharmacomechanical thrombectomy for iliofemoral deep vein thrombosis: An alternative in patients with contraindications to thrombolysis

The authors present their experience with pharmacomechanical thrombectomy (PMT) in patients with iliofemoral deep vein thrombosis (DVT) having a contraindication for treatment based on the most recent American College of Chest Physicians guidelines which include symptoms over 14 days and contraindications to thrombolysis from a high risk for hemorrhagic complications. They treated 43 patients over an 18 month time period including 8 upper extremities and 35 lower extremities. They conclude that this can be performed safely with good functional outcomes when compared to their pre-treatment status.

Endovascular treatment of DVT is governed by “component coding” for catheter, imaging, and intervention. A CPT article published in the August 2009 edition of this journal details the reporting standards for imaging, angioplasty and stenting in the venous system.<sup>1</sup> The authors of this manuscript treated both upper and lower extremity veins. The CPT code 36010 is appropriate for non-selective catheterization of the inferior (IVC) and/or the superior (SVC) vena cava regardless of approach. This parallels the non-selective aortic catheterization CPT code 36200 in the arterial circulation. If imaging occurs with the catheter in the SVC and that catheter is moved to the IVC for either imaging or treatment, no additional catheter reimbursement is rendered. Therefore, arm vein puncture with manipulation to the SVC or even the IVC is reported identically. Since no first order venous selection was required in this series and all catheters were advanced centrally, the appropriate number of catheter codes is based on the number of puncture sites. Jugular vein access for placement of an IVC filter and subsequent bilateral popliteal vein catheterizations in this series would be billed using three distinct 36010 codes. The second and third catheter codes are reported with -59 modifiers. This will clarify that the subsequent cannulations were separate and distinct.

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A subset of patients underwent insertion of an infrarenal IVC filter. CPT code 37620 and the radiology supervision and interpretation (S&I) code 75940 describe such an intervention. It is important to note that CPT code 37620 has an associated 90-day global period. Any treatment rendered the day following IVC filter insertion and extending for 90 days thereafter may require use of a modifier to indicate the procedure as unrelated (-79), related (-78), or staged (-58). There is no difference with regard to insertion of a permanent implant as compared to that of a temporary device.

Unlike in the arterial system, PMT in the venous circulation is billed per date of service. CPT code 37187 is defined as “Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance”. There is a zero-day global. All thrombolytic injected during the procedure is included. The radiology S&I is bundled. The authors detail their experience with the AngioJet (Possis Medical, Minneapolis, MN), the EKOS catheter (EKOS Corp, Bothell, WA), and the Trellis device (Bacchus Vascular, Santa Clara, CA). These are appropriate examples of PMT from a coding perspective. In the case where iliofemoral thrombus is treated in both extremities, the bilateral modifier (-50) is appended. Overnight thrombolytic infusion is a separately defined service. When the PMT treatment is incomplete and additional thrombolysis is desired, CPT codes 37201 and 75896 are reported once, despite the duration of therapy. Subsequent PMT on a separate day in the course of therapy is reported by CPT code 37188.

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## REFERENCE

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